

In Memoriam

California Medical Association

GARNETT, W. GORDON. Died Mar 31, 1989, aged 82. Graduate of University of Kansas School of Medicine, Lawrence, 1933. Licensed in California in 1934. Dr Garnett was a member of the Los Angeles County Medical Association.

GETZEN, LINDSAY C., Sacramento and Davis. Died May 1, 1989, aged 65. Graduate of Bowman Gray School of Medicine, Winston-Salem, North Carolina, 1953. Dr Getzen was a member of the Yolo County Medical Society.

GORTON, JULIUS C., San Diego. Died Apr 4, 1989, aged 59. Graduate of California College of Medicine, Irvine, 1956. Dr Gorton was a member of the San Diego County Medical Society.

HALL, SAMUEL PIKE, Oakland. Died Mar 5, 1989, aged 73. Graduate of Stanford University, 1941. Dr Hall was a member of the Alameda-Contra Costa Medical Association.

HANSEN, ROBERT J. Died Jan 15, 1989, aged 69. Graduate of University of California, Irvine, 1962. Licensed in California in 1975. Dr Hansen was a member of the Los Angeles County Medical Association.

HEIGES, LAURENCE, JR, Lompoc. Died Mar 1989, aged 82. Graduate of Stanford University, 1933. Licensed in California in 1933. Dr Heiges was a member of the Santa Barbara County Medical Society.

HOLM, ARVID D., Westminster. Died Mar 25, 1989, aged 77. Graduate of Northwestern University, Chicago, 1938. Dr Holm was a member of the Orange County Medical Association.

HOOPER, WORTH A., Upland. Died Apr 23, 1989, aged 64. Graduate of University of Minnesota, Minneapolis, 1952. Licensed in California in 1953. Dr Hooper was a member of the San Bernardino County Medical Society.

JELINEK, JOSEPH J. Died Mar 8, 1989, aged 93. Graduate of Rush Medical School, Chicago, 1921. Licensed in California in 1922. Dr Jelinek was a member of the Los Angeles County Medical Association.

KANDELIN, ALBERT W. Died Feb 21, 1989, aged 77. Graduate of University of Michigan, Ann Arbor, 1940. Licensed in California in 1942. Dr Kandelin was a member of the Los Angeles County Medical Association.

KEDDIE, FRANCIS M., Los Angeles. Died Apr 1, 1989, aged 82. Graduate of University of California, San Francisco, 1938. Licensed in California in 1938. Dr Keddie was a member of the Los Angeles County Medical Association.

KOURI, PHILLIP, Anaheim. Died Apr 8, 1989, aged 66. Graduate of University of Oklahoma, Oklahoma City, 1947. Dr Kouri was a member of the Orange County Medical Association.

MATHER, RALPH W. Died Mar 28, 1989, aged 81. Graduate of Harvard Medical School, Boston, 1933. Dr Mather was a member of the Los Angeles County Medical Association.

MATTAR, GEORGE E. Died Mar 31, 1989, aged 53. Graduate of National University of Ireland, 1958. Licensed in California in 1961. Dr Mattar was a member of the Los Angeles County Medical Association.

MEAD, WILLIAM W. Died Jan 7, 1989, aged 75. Graduate of University of Oklahoma College of Medicine, Oklahoma City, 1937. Licensed in California in 1946. Dr Mead was a member of the Riverside County Medical Association.

MENKE, JOHN F., Sacramento. Died Feb 3, 1989, aged 78. Graduate of Johns Hopkins University, Baltimore, 1938. Licensed in California in 1946. Dr Menke was a member of the Sacramento-El Dorado Medical Society.

MITCHELL, CHARLES S., Fresno. Died Apr 20, 1989, aged 83. Graduate of University of California, 1932. Dr Mitchell was a member of the Fresno-Madera Medical Society.

MOTLEY, HURLEY L. Died Mar 31, 1989, aged 84. Graduate of Harvard University, Boston, 1936. Licensed in California in 1947. Dr Motley was a member of the Los Angeles County Medical Association.

MUNSON, RALPH E. Died Mar 8, 1989, aged 69. Graduate of Loma Linda University School of Medicine, 1948. Licensed in California in 1948. Dr Munson was a member of the San Mateo County Medical Society.

NICKEL, WALTER R., San Diego. Died Apr 16, 1989, aged 81. Graduate of University of Minnesota, Minneapolis, 1938. Dr Nickel was a member of the San Diego County Medical Society.

POLSE, MAX, San Francisco. Died Apr 12, 1989, aged 89. Graduate of University of Illinois School of Medicine, Chicago, 1927. Dr Polse was a member of the San Francisco Medical Society.

SIMNER, ROBERT ROY, San Jose. Died May 16, 1989, aged 68. Graduate of Chicago Medical School, 1947. Dr Simner was a member of the Santa Clara County Medical Society.

SLAGH, EDWARD P., Oakland. Died Feb 24, 1989, aged 67. Graduate of University of California, San Francisco, 1950. Dr Slagh was a member of the Alameda-Contra Costa Medical Association.

SUMMERS, LLOYD F. Died Jan 18, 1989, aged 74. Graduate of University of Oregon, Portland, 1941. Licensed in California in 1947. Dr Summers was a member of the Los Angeles County Medical Association.

TAYLOR, CARL J., Barstow. Died Apr 25, 1989, aged 71. Graduate of College of Osteopathic Physicians and Surgeons, Los Angeles, 1952; California College of Medicine, 1962. Licensed in California in 1952. Dr Taylor was a member of the San Bernardino County Medical Society.

New Mexico Medical Society

GONZALES, SAUTURHINO M., Santa Fe. Died May 27, 1989, aged 89. Graduate of Tulane Medical School, New Orleans, 1936. Licensed in New Mexico in 1937. Dr Gonzales was a member of the Santa Fe County Medical Society.

TAGAMET® (brand of cimetidine)

See complete prescribing information in SK&F LAB CO. literature or PDR. The following is a brief summary.

Contraindications: Tagamet® is contraindicated for patients known to have hypersensitivity to the product.

Precautions: Rare instances of cardiac arrhythmias and hypotension have been reported following the rapid administration of Tagamet® HCl (brand of cimetidine hydrochloride) Injection by intravenous bolus.

Symptomatic response to Tagamet® therapy does not preclude the presence of a gastric malignancy. There have been rare reports of transient healing of gastric ulcers despite subsequently documented malignancy.

Reversible confusional states have been observed on occasion, predominantly in severely ill patients.

Tagamet® has been reported to reduce the hepatic metabolism of warfarin-type anticoagulants, phenytoin, propranolol, chlordiazepoxide, diazepam, certain tricyclic antidepressants, lidocaine, theophylline and metronidazole. Clinically significant effects have been reported with the warfarin anticoagulants; therefore, close monitoring of prothrombin time is recommended, and adjustment of the anticoagulant dose may be necessary when Tagamet® is administered concomitantly. Interaction with phenytoin, lidocaine and theophylline has also been reported to produce adverse clinical effects.

However, a crossover study in healthy subjects receiving either Tagamet® 300 mg. q.i.d. or 800 mg. h.s. concomitantly with a 300 mg. b.i.d. dosage of theophylline (Theo-Dur®, Key Pharmaceuticals, Inc.) demonstrated less alteration in steady-state theophylline peak serum levels with the 800 mg. h.s. regimen, particularly in subjects aged 54 years and older. Data beyond ten days are not available. (Note: All patients receiving theophylline should be monitored appropriately, regardless of concomitant drug therapy.)

In a 24-month toxicity study in rats, at dose levels approximately 8 to 48 times the recommended human dose, benign Leydig cell tumors were seen. These were common in both the treated and control groups, and the incidence became significantly higher only in the aged rats receiving Tagamet®.

A weak antiandrogenic effect has been demonstrated in animals. In human studies, Tagamet® has been shown to have no effect on spermatogenesis, sperm count, motility, morphology or in vitro fertilizing capacity.

Pregnancy Category B: Reproduction studies have been performed in rats, rabbits and mice at doses up to 40 times the normal human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Tagamet®. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproductive studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Lack of experience to date precludes recommending Tagamet® for use in children under 16 unless anticipated benefits outweigh potential risks; generally, nursing should not be undertaken by patients taking the drug since cimetidine is secreted in human milk.

Adverse Reactions: Diarrhea, dizziness, somnolence, headache. Reversible confusional states (e.g., mental confusion, agitation, psychosis, depression, anxiety, hallucinations, disorientation), predominantly in severely ill patients, have been reported. Reversible impotence in patients with pathological hypersecretory disorders receiving Tagamet®, particularly in high doses, for at least 12 months, has been reported. The incidence of impotence in large-scale surveillance studies at regular doses has not exceeded that commonly reported in the general population. Gynecomastia has been reported in patients treated for one month or longer. Decreased white blood cell counts in Tagamet®-treated patients (approximately 1 per 100,000 patients), including agranulocytosis (approximately 3 per million patients), have been reported, including a few reports of recurrence on rechallenge. Most of these reports were in patients who had serious concomitant illnesses and received drugs and/or treatment known to produce neutropenia. Thrombocytopenia (approximately 3 per million patients) and, very rarely, cases of aplastic anemia have also been reported. Increased serum transaminase has been reported. Reversible adverse hepatic effects, cholestatic or mixed cholestatic-hepatocellular in nature, have been reported rarely. Because of the predominance of cholestatic features, severe parenchymal injury is considered highly unlikely. A single case of biopsy-proven peripartur hepatic fibrosis in a patient receiving Tagamet® has been reported. Increased plasma creatinine has been reported. Rare cases of fever, interstitial nephritis, urinary retention, pancreatitis and allergic reactions, including anaphylaxis and hypersensitivity vasculitis, have been reported. Rare cases of bradycardia, tachycardia and A-V heart block have been reported with H₂-receptor antagonists. Reversible arthralgia, myalgia and exacerbation of joint symptoms in patients with preexisting arthritis have been reported rarely. Rare cases of polymyositis have been reported, but no causal relationship has been established. Mild rash and, very rarely, cases of severe generalized skin reactions (e.g., Stevens-Johnson syndrome, epidermal necrolysis, erythema multiforme, exfoliative dermatitis and generalized exfoliative erythroderma) have been reported with H₂-receptor antagonists. Reversible alopecia has been reported very rarely.

How Supplied: Tablets: 200 mg. tablets in bottles of 100; 300 mg. tablets in bottles of 100 and Single Unit Packages of 100 (intended for institutional use only); 400 mg. tablets in bottles of 60 and Single Unit Packages of 100 (intended for institutional use only), and 800 mg. Tiltab® tablets in bottles of 30 and Single Unit Packages of 100 (intended for institutional use only).

Liquid: 300 mg./5 mL., in 8 fl. oz. (237 mL.) amber glass bottles and in single-dose units (300 mg./5 mL.), in packages of 10 (intended for institutional use only).

Injection:

Vials: 300 mg./2 mL. in single-dose vials, in packages of 10 and 30, and in 8 mL. multiple-dose vials, in packages of 10 and 25.

Prefilled Syringes: 300 mg./2 mL. in single-dose prefilled disposable syringes.

Single-Dose Premixed Plastic Containers: 300 mg. in 50 mL. of 0.9% Sodium Chloride in single-dose plastic containers, in packages of 4 units. No preservative has been added.

Exposure of the premixed product to excessive heat should be avoided. It is recommended the product be stored at controlled room temperature. Brief exposure up to 40°C does not adversely affect the premixed product.

ADD-Vantage® • Vials: 300 mg./2 mL. in single-dose ADD-Vantage® Vials, in packages of 25.

Tagamet® HCl (brand of cimetidine hydrochloride) Injection premixed in single-dose plastic containers is manufactured for SK&F Lab Co. by Baxter Healthcare Corporation, Deerfield, IL 60015.

* ADD-Vantage® is a trademark of Abbott Laboratories.

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